

Adair County School District
Student Acceptable Use Policy Agreement Form

Student Name: _____ **Grade:** _____
(Please Print)

School: _____ **Homeroom Teacher:** _____

As a **student** of the Adair County School District, I have read and have had explained to me by my teacher the *Student Acceptable Use Policy* for the Adair County School District. I will abide by the terms of this policy. I understand that violation of this policy will result in my loss of access to technology resources, including Internet and e-mail and may result in further disciplinary or legal action, as determined by school officials.

Student Signature: _____ **Date:** _____

	If you are 18 years or older, please check (<input checked="" type="checkbox"/>) below.
	I am 18 years old and do not require parental permission. Below I have checked (<input checked="" type="checkbox"/>) the technology resources and media permissions that I request permission for.

As a **parent/legal guardian** of this student, I have read and understand the *Student Acceptable Use Policy* for the Adair County School District. I agree to the following:

Please check (<input checked="" type="checkbox"/>) the technology resources and media permissions that you approve for your child.	
	I grant permission for my child to access school computers, iPads, instructional software, the Internet, e-mail, <i>Edmodo</i> , and other technology resources for instructional purposes as directed and supervised by my child's teacher.
	I grant permission for my child to utilize other social networking websites (in addition to <i>Edmodo</i>) if deemed appropriate by the teacher, school Principal, and Director of Technology to meet instructional goals in the classroom that cannot be met with <i>Edmodo</i> in a teacher controlled and monitored environment.
	I grant permission for my child's name, photograph, schoolwork, participation in extracurricular activities and/or accomplishments to be published in the school yearbook .
	I grant permission for my child's name, photograph, schoolwork, participation in extracurricular activities and/or accomplishments to be published in print media , such as school and community newspapers. I understand that information appearing in print is often archived online and may be accessible via the Internet.
	I grant permission for my child's name, photograph, schoolwork, participation in extracurricular activities and/or accomplishments to be published in broadcast media (audio and video production), including television and radio announcements.
	I grant permission for my child's name, photograph, schoolwork or participation in extracurricular activities and/or accomplishments to be published on the Internet , including school and district websites, school-sponsored social networking websites (<i>Edmodo</i> , Facebook, Twitter, etc.) and other online media outlets.
	I grant permission for my child to bring a personal technology device to school to be used for instructional purposes only as directed and supervised by the teacher in accordance with the Student Acceptable Use Policy.
	I grant permission for my child's personal telecommunication device (cell phone, smartphone, including iPhone, Blackberry, etc.) to be configured with the network settings (instead of utilizing 3G or 4G cellular Internet connectivity) for wireless connectivity for instructional use of this device at school. Compared to 3G/4G connectivity, the school district's network provides a more secure, safe, stable, and much faster network connection and will prevent data charges that are incurred by the owner of the personal device during time in which the device is used at school.
	I grant permission for my child to be included in college student teaching videos that are required for the teacher education student evaluation process. The video becomes the property of the Education Professional Standards Board and may be viewed by representatives of the university/college, school districts, or the Department of Education. I hereby release the Adair County Board of Education and its entire staff from any claims of liability that may arise as a result of my child's participation in this videotaping process.

As a **parent/legal guardian**, I hereby release the Adair County School District and all of its personnel and volunteers of any liability as a result of the permissions granted for technology access, releasing information to the media, and of my child's violation of the *Student Acceptable Use Policy*.

Parent/Legal Guardian Signature: _____ **Date:** _____

**Adair County School District
Student Technology Survey**

Name: _____ School: _____ Grade: _____

Please complete this survey and return to your child's school along with the Student Acceptable Use Policy Agreement Form.

Please check the appropriate response. The Adair County School District is collecting this information to meet annual state reporting requirements and to plan for future technology use in our schools.

1. Do you have a computer at home? Yes No
2. If so, how long have you had this computer? Less Than 5 Years More Than 5 Years
3. If you have a computer at home, does your child use the computer for instructional purposes and to complete homework assignments? Yes No
4. Do you have access to the Internet at home? Yes No
5. If so, what type of Internet access? Dial Up Cable Modem DSL Satellite Other
6. Do you have e-mail access at home? Yes No
7. If so, please provide your home e-mail address:

8. Do you have access to the following devices at home that your child may use for instructional purposes? Check all that apply.
 iPad e-Reader (Kindle, Nook, etc.) Smart Phone (iPhone, Blackberry, Android, etc.)
 Handheld Wireless (iPod Touch, etc.) Laptop Computer

Thank you for providing this information.